| Plaintiff: UNITED STATES OF AMERICA   | Court Case Numbe   | Court Case Number: 04-CR-544                                  |  |  |
|---|--|---|--|--|
| Defendant: KUN FUK CHENG  | Type of Process: F                                       | Type of Process: Forfeiture - Disposal                        |  |  |
| SERVE AT: (Name of Individual, Company, Corporation, etc. to be   | <br>e served or Description of property                  | to Seize: (Address: street or RFD, Apt. No                    | ., City,State and Zip Code):                         |  |
|   |  |   |  |  |
| Send notice or service copy to requester at Name and Address below:   | NIINNINI   | Number of Processes to  | Number of Processes to be Served                     |  |
| Andrew T. Baxter, United States Attorn  | ney, NDN Y   |   |  |  |
| 218 James T. Foley Courthouse   |  | Number of Parties to Ser                                      | ved  |  |
| 445 Broadway<br>Albany, New York 12207  |  | Check box if service is on                                    | USA  |  |
| Special Instructions or Other Information that will assist in expediting se   | rvice (includes business and alter                       | nate addresses, telephone numbers and                         | estimated times available for                        |  |
| Signature of Attorney or other Originator requesting service on behalf of /Thomas A. Car Signature and Date of Person accepting Process:  | () Defendant   | Telephone No.<br>518-431-0247                                 | Date -4/15/07  |  |
| SPACE BELOW FOR U   | USE OF DEPARTM   | ENT OF TREASURY   | ***************************************              |  |
| I acknowledge receipt for the total number of process indicated.  District of Origin No No  | e   Signature of Authorized Dept.                        | of Treasury Agency Officer                                    | カー/ Y つ 9  |  |
| I HEREBY CERTIFY AND RETURN THAT IT PERSONALLY SERVE<br>THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPO   | D. ( ) HAVE LEGAL EVIDENCE<br>DRATION, ETC.,AT THE ADDRE | OF SERVICE. ( ) HAVE EXECUTED<br>SS SHOWN ABOVE OR ON THE ADD | AS SHOWN IN 'REMARKS',<br>RESS <u>INSERTED BELOW</u> |  |
| () I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.  Name and Title of individual served if not shown above.  () A person of suitable age and discretion then residing in the defendant's usual place |  |   |  |  |
| Address: (complete only if different than shown above)  | Date of Service  | Time of Service () a.m.<br>() p.m.                            |  |  |
|   | Signature, Title and Treas                               |   | 1. 14.11411111                                       |  |
| REMARKS:  |  |   |  |  |
| Findo were dispose  | d on alal  | ) X   |  |  |
|   |  | •   |  |  |

### PROCESS RECEIPT AND RETURN

| Plaintiff: UNITED STATES OF AMERICA  |                                  | Court Case Number: 04-CR-544           |                                 |   |                                       |                          |
|--|----------------------------------|--|---------------------------------|---|---------------------------------------|--------------------------|
| Defendant: KUN FUK CHENG   |                                  | Type of Process: Forfeiture - Disposal |                                 |   |                                       |                          |
| SERVE AT: (Name of Individual, Company, Corporation, et  | c. to be served or E             | Description of prope                   | rty to Seize: (Add              | ress: street or RFD, Apt.                   | No., City,State ar                    | nd Zip Code):            |
| Send notice or service copy to requester at Name and Address below:  Andrew T. Baxter, United States A   | ttornev NI                       | )NY                                    |                                 | Number of Processe                          | es to be Served                       |                          |
| 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207  |                                  |  |                                 | Number of Parties to                        | Served                                |                          |
|  |                                  |  |                                 | Check box if service is on USA              |                                       |                          |
| Please dispose of State Farm Ins. Accounts  Signature of Attorney or other Originator requesting service on be  Accounts  Thomas A.  Signature and Date of Person accepting Process: | half of: (2                      | ( )Plaintiff<br>) Defendant            | Te                              | clephone No.                                |                                       | Date /15/09              |
| SPACE BELOW FO   | OR USE OI                        | F DEPART                               | MENT OI                         | TREASURY                                    | ζ                                     |                          |
| I acknowledge receipt for the total number of process indicated.  District of Origin No No   | o Serve Signatur                 | re of Authorized Do                    |                                 | gency Officer<br>Pectal Aga                 | Date 7                                | 14-09                    |
| I HEREBY CERTIFY AND RETURN THAT I (*) PERSONALLY SE<br>THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, C  | ERVED. ( ) HAV<br>CORPORATION, E | E LEGAL EVIDEN<br>ETC.,AT THE ADI      | ICE OF SERVICE<br>PRESS SHOWN A | E ( ) HAVE EXECUT<br>BOVE OR ON THE AI      | ED AS SHOWN I<br>DDRESS <u>INSERT</u> | N 'REMARKS',<br>ED BELOW |
| () I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO Name and Title of individual served if not shown above.   |                                  |  |                                 | ATION, ETC. NAMED on then residing in the d |                                       | lace of abode.           |
| Address: (complete only if different than shown above)   |                                  | ate of Service<br>gnature, Title and T |                                 | me of Service () a.m.<br>() p.m.            |                                       |                          |
| REMARKS:   |                                  |  |                                 | 11 1111                                     |                                       |                          |
| Funda mara dia   | 1 ~ 60                           |  | . 1 1                           |   |                                       |                          |

Fundo mera dioposed on a/5/08.

#### PROCESS RECEIPT AND RETURN

| Plaintiff: UNITED STATES OF   | AMERICA                                      | Court Case Number  | er: 04-CR-544   |   |  |
|---|--|--|---|---|--|
| Defendant: KUN FUK CHEN   | (G   | Type of Process: F   | Type of Process: Forfeiture - Disposal  |   |  |
| SERVE AT: (Name of Individual, C  | ompany, Corporation, etc. to                 | be served or Description of property                         | to Seize: (Address: street or RFD, Apt. No.                                     | , City,State and Zip Code):                   |  |
| Send notice or service copy to requester at Na Andrew T. Baxter, U 218 James T. Foley 445 Broadway Albany, New York | Jnited States Atto<br>Courthouse             | orney, NDNY  | Number of Processes to  Number of Parties to Serv  Check box if service is on 1 | ed  |  |
| Special Instructions or Other Information t   |  | sarvica (includes business and alto                          | rnata addresses talenhana numbers and s   | estimated times available for                 |  |
| Signature of Attorney or other Originator r   | /Thomas A. C                                 | f of: (X )Plaintiff () Defendant                             | Telephone No.<br>518-431-0247   | Date 4/15/09                                  |  |
| SPAC  | E BELOW FOR                                  | USE OF DEPARTM   | IENT OF TREASURY  |   |  |
| acknowledge receipt for the total District number of process indicated. No  | of Origin District to Se                     | erve   Signature of Authorized Dept.                         | of Treasury Agency Officer  Speudify  | Date 7-14-09                                  |  |
| HEREBY CERTIFY AND RETURN THAT<br>THE PROCESS DESCRIBED ON THE INDI   | I (-XPERSONALLY SERV<br>VIDUAL, COMPANY, COF | /ED. ( ) HAVE LEGAL EVIDENCE<br>RPORATION, ETC.,AT THE ADDRI | B OF SERVICE. ( ) HAVE EXECUTED A<br>ESS SHOWN ABOVE OR ON THE ADDR             | AS SHOWN IN 'REMARKS',<br>LESS INSERTED BELOW |  |
| ) I HEREBY CERTIFY AND RETURN THE Name and Title of individual served if not sho                                    | wn above.                                    |  | NY, CORPORATION, ETC. NAMED ABO<br>ge and discretion then residing in the defen |   |  |
| Address: (complete only if different than show  | n above)                                     | Date of Service Signature, Title and Treas                   | Time of Service () a.m.<br>() p.m.  |   |  |
|   |  | 1  |   |   |  |
| REMARKS:  |  |  |   |   |  |

Fundo were disposed on a/5/08

| Plaintiff: UNITED STATES OF AMERICA  | Court Case Number: 04-CR-544                    |  |                                      |  |
|--|---|--|--------------------------------------|--|
| Defendant: KUN FUK CHENG   | Type of Process: Forfeiture - Disposal          |  |                                      |  |
| SERVE AT: (Name of Individual, Company, Corporation, etc. to be served   | d or Description of prope                       | erty to Seize: (Address: street or RFD, Apt. No., City                                       | y,State and Zip Code):               |  |
|  |   |  | ·                                    |  |
| Send notice or service copy to requester at Name and Address below:  Andrew T. Baxter, United States Attorney,                                 | NDNY  | Number of Processes to be S  | Served                               |  |
| 218 James T. Foley Courthouse<br>445 Broadway  |   | Number of Parties to Served  |                                      |  |
| Albany, New York 12207   | •   | Check box if service is on USA   |                                      |  |
| Special Instructions or Other Information that will assist in expediting service (<br>Service:   | includes business and a                         | lternate addresses, telephone numbers and estim  | ated times available for             |  |
| Please dispose of State Farm Ins. Account #XXX   | XXX2166 in th                                   | ne name of Vincent K.Cheng   |                                      |  |
| Signature of Attorney or other Originator requesting service on behalf of:  /Thomas A. Capezza Signature and Date of Person accepting Process: | (X)Plaintiff () Defendant , AUSA                | Telephone No.<br>518-431-0247  | Date 4/15/09                         |  |
| SPACE BELOW FOR USE  | OF DEPART                                       | MENT OF TREASURY   |                                      |  |
| acknowledge receipt for the total number of process indicated.  District of Origin No District to Serve No                                     | enature of Authorized De                        | ept. of Treasury Agency Officer  Special Agust   | Date 7-14-69                         |  |
| HEREBY CERTIFY AND RETURN THAT LETTERSONALLY SERVED. ( )   | ON, ETC.,AT THE ADL                             | DRESS SHOWN ABOVE OR ON THE ADDRESS  | HOWN IN 'REMARKS',<br>INSERTED BELOW |  |
| 1 HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE Name and Title of individual served if not shown above.                             |   | PANY, CORPORATION, ETC. NAMED ABOVE.<br>le age and discretion then residing in the defendant | s usual place of abode.              |  |
| Address: (complete only if different than shown above)   | Date of Service Time of Service () a.m. () p.m. |  |                                      |  |
|  | Signature, Title and Tr                         | reasury Agency   |                                      |  |
| REMARKS:   |   |  |                                      |  |
| Fundo merce dispo  | osed a  | n = 9 9 08   |                                      |  |

| Plaintiff: UNITED STATES OF AMERICA  | Court Case Number: 04-CR-544                |  |  |  |  |
|--|---|--|--|--|--|
| Defendant: KUN FUK CHENG   | Type of Process:                            | Type of Process: Forfeiture - Disposal                                   |  |  |  |
| SERVE AT: (Name of Individual, Company, Corporation, etc. to be serve  | ed or Description of prope                  | rty to Seize: (Address: street or RFD, Apt. No., C                       | City,State and Zip Code):                |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
| Send notice or service copy to requester at Name and Address below:  |   | Number of Processes to be  | e Served                                 |  |  |
| Andrew T. Baxter, United States Attorney   | , NDNY                                      |  |  |  |  |
| 218 James T. Foley Courthouse  |   | Number of Parties to Served  | Number of Parties to Served              |  |  |
| 445 Broadway<br>Albany, New York 12207   | Check box if service is on US               | ΣΔ   |  |  |  |
| Special Instructions or Other Information that will assist in expediting service   |   |  |  |  |  |
| Service:   | <b>(</b>                                    | ,  |  |  |  |
| Signature of Attorney or other Originator requesting service on behalf of:  /Thomas A. Capezza Signature and Date of Person accepting Process: | (X)Plaintiff () Defendant                   | Telephone No.<br>518-431-0247  | Date 4/15/07                             |  |  |
| V  |   | MENTE OF TIME ACTION   |  |  |  |
| SPACE BELOW FOR USE  | L OF DEPART                                 | MENI OF TREASURY   |  |  |  |
| I acknowledge receipt for the total District of Origin No District to Serve No S   | ignature of Authorized De                   | pl. of Treasury Agency Officer<br>W, Spelial Ago                         | Date 7-14-09                             |  |  |
| I HEREBY CERTIFY AND RETURN THAT LOPERSONALLY SERVED. ( ) THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORAT                           | ) HAVE LEGAL EVIDEN<br>TON, ETC.,AT THE ADD | CE OF SERVICE. ( ) HAVE EXECUTED AS<br>RESS SHOWN ABOVE OR ON THE ADDRES | SHOWN IN 'REMARKS',<br>SS_INSERTED BELOW |  |  |
| ( ) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE T   |   |  |  |  |  |
| Name and Title of individual served if not shown above.  | () A person of suitable                     | e age and discretion then residing in the defenda                        | nt's usual place of abode.               |  |  |
| Address: (complete only if different than shown above)   | Date of Service                             | Time of Service () a.m. () p.m.  |  |  |  |
| •  | Signature, Title and Treasury Agency        |  |  |  |  |
| REMARKS:   |   |  |  |  |  |
| _  |   | $\sim 1.1_{\sim}$  |  |  |  |
| Fundo here dise  | DSED OY                                     | 1 015108"  |  |  |  |

| Plaintiff: UNITED STATES OF AMERICA   | Court Case Numbe                                     | Court Case Number: 04-CR-544   |  |  |  |
|---|--|--|--|--|--|
| Defendant: KUN FUK CHENG  | Type of Process: F                                   | Type of Process: Forfeiture - Disposal   |  |  |  |
| SERVE AT: (Name of Individual, Company, Corporation, etc. to be   | served or Description of property                    | to Seize: (Address: street or RFD, Apt. No.,                                       | City,State and Zip Code):                          |  |  |
| Send notice or service copy to requester at Name and Address below:  Andrew T. Baxter, United States Attorn 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207 | ey, NDNY   | Number of Processes to  Number of Parties to Service  Check box if service is on U | ed   |  |  |
| Special Instructions or Other Information that will assist in expediting ser  |  |  |  |  |  |
| Signature of Attorney or other Originator requesting service on behalf of:  /Thomas A. Cape Signature and Date of Person accepting Process:                                   | (X )Plaintiff ( ) Defendant                          | Telephone No.<br>518-431-0247  | Date 4/15/09                                       |  |  |
| SPACE BELOW FOR U   | SE OF DEPARTM  | ENT OF TREASURY  | •  |  |  |
| I acknowledge receipt for the total number of process indicated.  District of Origin NoNo   | Signature of Authorized Dept.                        | of Treasury Agency Officer<br>— Special Agw  | Date 7-14-09                                       |  |  |
| I HEREBY CERTIFY AND RETURN THAT I ( PERSONALLY SERVED.<br>THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPOI   | ( ) HAVE LEGAL EVIDENCE<br>RATION, ETC.,AT THE ADDRE | OF SERVICE. ( ) HAVE EXECUTED A<br>SS SHOWN ABOVE OR ON THE ADDR                   | S SHOWN IN 'REMARKS',<br>ESS <u>INSERTED BELOW</u> |  |  |
| () I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCAT Name and Title of individual served if not shown above.  |  | NY, CORPORATION, ETC. NAMED ABO<br>ge and discretion then residing in the defend   |  |  |  |
| Address: (complete only if different than shown above)  | Date of Service Signature, Title and Treas           | Time of Service () a.m. () p.m.  |  |  |  |
| REMARKS:  |  |  |  |  |  |
| Fundo were dispos   | sed ma   | 15/08.   |  |  |  |